

#### FILED

07 FEB -8 PM 4: 22

### **CANDIDATE COMMITTEE**

FOR OFFICIAL USE ONLY

COVER PAGE	CANTRULA DARAUGH ————————————————————————————————————			
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement govern From MICHIGAN 06 to 12-31-66			
Committee I.D. Number	4. Candidate Last Name First Name M.I.			
137330	HAWATMEH NICOLA I			
2. Committee Name	4a. Office Sought Including District # or Community Served (if applicable)			
C.T. E Nicola Hawatmeh				
	4b. County of Residence			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
32047 Vegas Dr Warren, Ul 48093	Nicola Hawatmeh			
warren ul 41013	Zzali Veacs Dr			
~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	320cl7 Vegas Dr Warren, Mi 48093			
Area Code and Phone 58687-652Z	_			
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official.	Area Code & Phone			
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
SAME	Nicola Hawatmeh 32047 Vegas Dr. Warren, M. 48093			
	771012 (lean Dr.			
	3204 1 009005			
	Warren, Mi 4000			
Area Code and Phone	Area Code and Phone SX6 871-6522			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post-	-Election 9c. Annual Statement ( Zó 06 Coverage Year)			
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campalgn Statement (Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being amended)			
Primary	eral 9e. Dissolution of Candidate Committee			
Convention	Effective Date of Disnolution			
Special				
By checking this item, NWe certify that the committee has no assets or outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Valver.  Note: The disposition of each of the latest that the committee has no assets or outstanding debts, including late filling fees. Further, I/We request that if				
A committee that does not have a Reporting Walves and 51	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable statements of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or the filing deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: I/We certify that all reasonable diligence was used in my/our knowledge and belief the contents are true, accurate and com-	the preparation of this statement and attached schedules (if any) and to the best of			
to. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of current Treasurer or				
Designated Record keeper \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Candidate Micola Hawalmeh Wirk Rewater 1220				
Type or Print Name	Signature Date 1/30/8/			
Authority granted under P.A. 388 of 1976				



SUMMARY PAGE

1. Committee I.D. Number 137330

2. Committee Name

C. T. E. Wicola Hawatmoh

CANDIDATE COMMITTEE	E. COMMINGO NEMIS	
RECEIPTS	Column ! This Perlod	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2300.37</u>	,
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) s <u>2300.37</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) s <u>2388.37</u>	(20.)\$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	1. 6-71	
a. Itemized (Schedule 18, Column 6)	(8a.) \$ 1059.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(8.) \$ 1059.00	23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements    a. Itemized (Schedule 1C, Column 6)	(10a,)\$	
b. Uniternized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$  BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$_126.02	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.)+s <u>2300.37</u>	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14	(15.) = § 2426.39	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ 1059.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) s <u>/367.39</u>	



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

137330 1. Committee I.D. Number \_

CANDIDATE COMMITTEE 2. Committee Name	C.T. ENICOR Hawalm
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	e, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4-13-06  Mary Kathryn DeCuir	- Qab or (ccspt)
5. If over \$100.00 cumulative, please provide:	\$120.00) \$ 120.00
Occupation Rehied Employer	Click I- ere for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/-13-06	
Richard Brodie 2 3500 sherwood warren, My 48091	s 120.00 s 120.00
5. If over \$100.00 cumulative, please provide:  Occupation SC/FEMP/14ed Employer	Click Here for Memo Itemization
Business Address 23500 Sherwood warren MI Tro	9/
Type of Contribution: Direct Loan from a person U Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4-13-66  Demnis Buchoff C	
21332 Cyman 21332 Cyman Warren, MI (8091	s 120.00 s 120.00
5. If over \$100.00 cumulative, please provide:  Decupation Employer	Click Her∋ for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Loan Raiser	
Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/3-06	
Harriet Harrington 12009 Diegen D- warren, Mi 48093	\$ 20.00 \$ 20.00
If over \$100.00 cumulative, please provide:	\$ 20.00
Occupation Employer	Click Here for Memo Itemization
usiness Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal	380.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	380.00
ageof	Enter this total on line 3 of Summary Page.



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 137380

2. Committee Name 5. T. & Miccola Hawatmah

2. Saminace Mane	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4-13-06  Name & Address:  HENRY Krzystowczyk  1/210 (apr. Dut.  Warrien, Mr 48093  5. If over \$100.00 cumulative, please provide:  Occupation Refired Employer  Business Address  Type of Contribution; Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-13-06  Richard Sulaku  1/506 Villa Ct  Wallen, M. 48093	s 170 00 s 12000 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	:
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4-13-06  Name & Address:  EUGENE Sawyer  32332 Cambridge Dr  Warren, M1 43943  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 60.00 \$ 60.00 Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4-13-06	
Name & Address  David Koury  32 730 Cambridge Dr.  Warren, M. 48093  5. If over \$100.00 cumulative, please provide:  Occupation	S 60.00 S 60.00  Click Here for Memo Itemization
Type of Contribution:   Direct   Loan from a person   Fund Raiser	
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	200.00  680.00  Enter this total oit line 3 of Summary Page.



### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 137-330

C. T. E. Nicola Howatman

	- / / - / / / / / / / / / / / / /	- Itawarmer
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/-/3-0 P		date of receipt)
Alan Casmere 28836 Panama Warren, UI 47092 5. If over \$100.00 cumulative, please provide:	\$ 100.00	\$ 100.00
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
S. Contribution #2  PAC Receipt? TYES 4. Date of Receipt 4-13.06  Name & Address  C. T. E. Carolyn Moderi  8634 Edna  Warren, MI 48093	s 60.00	\$ 60.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer Employer		
Susiness Address		
Accountibution #3 PAC Receipt? YES 4. Date of Receipt 4-13-06  Am though the property of the p		\$ ZC/0.00 Memo Itemization
Contribution #4 PAC Receipt? YES 4. Date of Receipt (-/ / 2		
Dean Sanders 32,02 Vegas Dr Warver, MI 48093  If over \$100.00 cumulative, piease provide:	£ 120.cvs	\$_120.00
Occupation Rehred Employer	Click Here for f	Memo Itemization
Usiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  age	526.05 1200.00 Enter this total ordine 3 of Summar, Page.	



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

137330

CANDIDATE COMMITTEE 2. Committee Name	C.T.E.	Vicola Hawahne
Enter contributor's name and address. If contribution is from an Individual, enter last name, first name, middle initiat. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.  3. Contribution #1  PAC Receipt?	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address;  PAC Receipt? YES 4. Date of Receipt 21-13-06  Jacy Veline Debrowsky  3519 Dullan  Warren, UI 18091	- s 60.0	00 \$ 60.00
S. If over \$100,00 cumulative, please provide:	<u> </u>	<u>v</u>
Occupation Employer	Click His	re for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-1.3-06  Name & Address  Dan Melwyk		
26727 Newport	\$ 50,0	\$ 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Olick He i	e for Memo Itemization
Business Address		
Type of Contribution; Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? TYES 4. Date of Receipt 4/-/3-06  TOP Saleh  13959 Diversion  St HIS, MI 483/3	\$ 60.0	0.00
ンナ Hぽ M サ チ ン	Click Here	for Memo Itemization
A		TO METHO REPREZEROR
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		•
Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/-13-06  James & Address  James Couls  28 107 St. Louise Dy  Warren, U1 c/8 097	s 60.00	s 60.00
i. If over \$100.00 cumulative, please provide:	2	_ \$ <u> 00.00</u>
OccupationEmployer	Click Here t	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	230.00	

Page 4 of 9

Grand Total of All Schedules 1A (Complete on last page of Schedule) 430.00

Enter this total or line 3 of Summary Page.



Page\_5 of 9

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** 

#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

137330

C.T. E Nicola Hawatmeh **CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent 6. Amount 7. Cumulative for Committee (PAC). Report all contributions regardless of amount. Election Cycle for Each Contributor (Through date of receipt) 3. Contribution #1 PAC Receipt? 4. Date of Receipt 4-13-06 Name & Address: Murvin & Donna Burbary
6027 Pointe Tremble RIS
Algonac, Mr 48001

5. If over \$100.00 cumulative, please provide: 120.00 \$ 120.00 Employer Medilodge of St 11ts Occupation Administrator Click Here for Memo Itemization Business Address 1415/ 15 Mile RO St- Ats 483/2 Direct Type of Contribution: Loan from a person 4. Date of Receipt 4-13-06 3. Contribution #2 PAC Receipt? YES Name & Address Dino Paviglianti 16203 Wilson \$ 60.00 \$ 60.00 E. PIE MI 48021 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation. Employer\_ Business Address\_ Type of Contribution: \_ Loan from a person Fund Raiser PAC Receipt? YES 3. Contribution #3 4. Date of Receipt 4-1376 Name & Address; Ron Michals 29535 Palonino Warren 11 48093 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? 4. Date of Receipt Name & Address \$ 160.00 , 120.00 5. If over \$100.00 cumulative, please provide Councilman Employer Warren Click Here for Memo Itemization Occupation. 5460 Arden, Warren, M148092 Business Address Type of Contribution; Direct Loan from a person Fund Raiser Page Subtotal

320.00

Grand Total of All Schedules 1A

(Complete on last page of Schedule)

Enter this total on line 3 of Summary Page.



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number \_\_\_\_

line 3 of Summa y

Page.

CANDIDATE COMMITTEE	2. Committee Name	C.T. CN	wala Hawatme
Enter contributor's name and address. If contribution is from an individual, a middle initial. Check box to indicate if contribution is from a Political Committee (PAC). Report all contributions regardless of amount.	enter last name, first name, iltee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:    Burt   Cassa b   Cass			s 60.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receip Name & Address  SUZATINE SUSAlla Journal SUSALLA Dr  315-20 Har-Thord Dr  Warren, MI -1808 8  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	t U-13-06		\$
Type of Contribution: Direct Loan from a person  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt  Summer Awward  26552 Wagner  Wallen, which is 18089  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	Fund Raiser 1 4-13-06		\$ 60.00  Memo Itemization
Type of Contribution: Direct Loan from a person Pacelpt Address  Contribution #4 PAC Receipt? YES 4. Date of Receipt Address  Saber Kassab  18573 Wa Murlin  Beverly 11/15, 41 4/5025	Fund Raiser		
Beverly 11/15, 411 4/5025  If over \$100.00 cumulative, please provide:  OccupationEmployer  Business Address		\$ 10020	s <u>/00.</u> 20 Memo Itemization
Grand	Fund Raiser  Page Subtotal  Total of All Schedules 1A  on last page of Schedule)	280.00 2030.00 Enter this total on	



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137338

	DIDATE COMMITTEE	2. Committee Name		1100 la Hawafput
Committee (PAC). Report at	address. If contribution is from an individual indicate if contribution is from a Political Commonities of amount.	nitee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
,	AC Receipt? YES 4. Date of Rec	4-13-0L		
5 If over \$100 00 ourselesting	Ct 14ts, MI 48310		s 60 0	0 \$ 60.00
5. If over \$100.00 cumulative Occupation			Click Hare	for Memo Itemization
Business Address	Employer			TO THE ITEM ZOOM
Type of Contribution: Dir	ect Loan from a person	Fund Raiser		
	Receipt? YES 4. Date of Recei			
Name & Address	· 🗀 .	pt 11-16-06		
Nicola Ha	watmeh		<b>a</b>	
52047 L	ren Ul 48893		s 210.3	7 \$ 210.37
5. If over \$100.00 cumulative,			OU LA	
Occupation	•		Click Here t	for Memo Itemization
Business Address				
Type of Contribution: Direc	t Loan from a person	Eural Data		
	Coult is a person	Fund Raiser		
Name & Address;	YES 4. Date of Recei	pt	_	
			\$	_ \$
5. If over \$100.00 cumulative,	DIATES Provides		Click How for	- 14 40 - 1 - 11
3 a			Click Here to	r Memo Itemization
Susiness Address	Employer			
Type of Contribution: Direct	Loan from a person	Find Date		
Contribution #4 PAC		Fund Raiser		
ame & Address	Receipt? YES 4. Date of Receipt	ot		
. If over \$100.00 cumulative, p	lease provide		<b>b</b>	\$
Occupation			Click Here for	Memo Itemization
	Employer			
usiness Address		<u>_</u>		
Type of Contribution: Direc	t Loan from a person	Fund Raiser		
		Page Subtotal	270.37	
	Grand	Total of All Schedules 1A		
7 1	(Completi	on last page of Schedule)	2300. 3 ) Enter this total on	l
ige <u>7</u> of <u>1</u>			line 3 of Summary Page.	
			-	



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137330

C. T. E. Alicala Haussburgh

CANDIDATE COMMITTEE 2,	Committee Name	sola Francimes
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date 6. Amount
Expenditure #1 Name The Gazebo Banquet Address 3/104 Mound RD Warren, MI 48092	ruiposs.	Date \$ 1059.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2 Name		\$
Address	Purpose:Click He	Date re for Memo Itemization Type
Fund Raiser Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement.	
Name		
Address	Purpose:	Date \$
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo Itemization Type
Expenditure #4 Name		
Address	Purpose:	Date \$
Fund Raiser	Click Her Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Mamo Itemization Type
Expenditure #5 Name		
Address	Purpose:	Date \$
Fund Ralser	Click Her Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo Itemization Type
		Ihis page 1059.00
	Grand Total of all Sch (Complete on last page of	Schedule)
		Enter this total

Page of 9

Enter this total on line 8a of Summary Page



#### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 137338

2. Committee Name C. T. E Nicola (Lawa frulh

		2. Con	mittee Name	, C , C , C , C , C , C , C , C , C , C
	- USE A SE	PARATE SH	EET FOR EACH EVE	NT -
3. Date Event Was Held  4-13-66	Number of Ind or Participating ( greater)	ividuals Attending whichever is	5, Type of Fund Raising Activ	ity 6 Address and Name (if any) of the place where the activity was held.  Private Residence
7. Total Contributions		2090.	00	
3. Other Receipts				
9. Gross Receipts (Add lines 7	and 8)	2090.0	う 	
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions and	/659, 00 All Expenditures		
11. Check if event was a jo	int fund raiser a	and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)
	-			
<del></del>		<del></del>		
			<del></del>	
	-			
	-		<u></u>	
<u> </u>				
<u></u>	•		<del></del>	
<ul> <li>period covered by the C</li> <li>Receipts and expenditu</li> <li>Schedule (1A), Itemized</li> <li>Summary Page.</li> </ul>	campaign State res listed on a l d in-Kind Contri	ment. Fund Ralser Sch butlons Schedul	iedule must also be report	raising event held during the ted on the Itemized Contributions itures Schedule (1B) and the hedule for the event.
Page 9 of 9	•			